

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 1 — —

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

Medicaid

4. PROPOSED EFFECTIVE DATE

July 1, 2001
~~October 1, 2000~~TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

See Attached

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 53,210b. FFY 2002 \$ 212,841

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A
pages 19-A through 21-A9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1A
pages 19A through 21-A

10. SUBJECT OF AMENDMENT:

Home Health Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

XXX

OTHER, AS SPECIFIED:

Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Georges C. Benjamin, M.D.

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 25, 2001

16. RETURN TO:

Susan J. Tucker, Executive Director
Office of Health Services
201 West Preston Street, Rm. 127
Baltimore, Maryland 21201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

Sept. 28, 2001

18. DATE APPROVED:

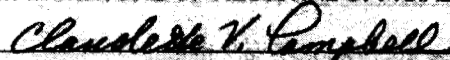
Dec. 4, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Claudette V. Campbell

22. TITLE: Associate Regional Administrator
Division of Medicaid & State Operations

23. REMARKS:



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Region III

DEC 04 2001

Suite 216, The Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-3499

Ms. Susan Tucker
Executive Director
Office of Health Services
Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201

Dear Ms. Tucker:

Enclosed is a copy of the approved state plan material, Transmittal Number 02-01, which eliminates the limitation of home health care services to just the homebound, and clarifies what is allowed for home health care services when other providers also service the same individuals with mental health care and other chronic conditions.

The State proposes an effective date of October 2000. Regulations at 42 CFR 430.20 and our State Medicaid Manual (SMM), Section 13026(F), specify for purposes of Federal Financial Participation the effective date of a state plan amendment (SPA). The SMM states: "The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted, and with respect to expenditures for assistance under such plan, may not be earlier than the first day on which the plan is in operation on a statewide basis. The same applies with respect to plan amendments that provide additional assistance or services to persons eligible under the approved plan or that make new groups eligible for assistance or services provided under the approved plan." Therefore, we have approved the amendment effective July 1, 2001.

If there are any questions about the above state plan amendment, please contact James Hake at (215) 861-4196.

Sincerely,

Claudette V. Campbell
Claudette V. Campbell
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>7. Home Health Services - General</p> <p>Skilled nursing services, mental health services, home health aide services, physical therapy services, occupational therapy services, speech pathology services and medical supplies.</p>	<p>1. Services and medical supplies must be:</p> <ul style="list-style-type: none"> a. Provided upon the written order of the attending physician and furnished under the current plan of treatment. b. Consistent with the current diagnosis and treatment of the recipient's condition. c. In accordance with accepted standards of medical practice. d. Required by the medical condition rather than the convenience or preference of the recipient. e. Considered under accepted standards of medical practice to be a specific and effective treatment for the recipient's condition. f. Required on a part-time or intermittent basis. g. Rendered in the recipient's home by an approved provider. h. Adequately described in the signed and dated progress notes.

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
(Continued)	<ol style="list-style-type: none">2. Home health aide services must come under the direct supervision of a nurse.3. Mental health services always require preauthorization.

TN No. 02-1
Supersedes
TN No. 86-3

Approval date DEC 04 2001
Effective date JUL 01 2001

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
Home Health Services that require preauthorization	<ol style="list-style-type: none">1. More than one visit per type of service per day.2. Any service or combination of services rendered during any 30-day period for which the provider anticipates payments from the program in excess of the Medicaid average nursing facility rate.3. Four or more hours of care per day whether the 4-hour limit is reached in one visit or in several visits in one day.4. Any instances in which home health aide services without skilled nursing services are provided.5. Mental health services.

TN No. 02-1
Supersedes
TN No. 91-16Approval Date DEC 04 2001
Effective Date JUL 01 2001

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
Home Health Service Limitations	
a. Skilled nursing, mental health services, home health aide, physical therapy, occupational therapy and speech pathology services.	<ol style="list-style-type: none"> 1. Preauthorization is required for more than one visit per type of service per day. 2. Non-skilled services are not covered. 3. Preauthorization is required for four or more hours of care per day whether the four hours are reached in one visit or in several visits in one day. 4. Preauthorization is required for any service or combination of services rendered during any 30-day period for which the provider anticipates payments from the program in excess of the Medicaid average nursing facility rate. 5. Preauthorization is required for mental health services. 6. Services must be documented as received by the recipient as indicated by the recipient's signature or the signature of a witness. 7. Services that are not medically necessary are not covered. 8. Mental health services that are performed incidental to other skilled nursing services in the course of a single visit are not covered.

TN No. 02-1
Supersedes
TN No. 88-11

DEC 04 2001

Approval Date _____

Effective Date JUL 01 2001

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
(Continued)	<p>9. Skilled nursing services that are performed incidental to mental health services in the course of a single visit are not covered.</p> <p>10. Initial assessments by any therapist or a registered nurse are not covered.</p> <p>11. Services provided for the convenience or preference of the recipient or primary care giver rather than as required by the recipient's medical condition are not covered.</p> <p>12. Services which duplicate or supplant services performed by the recipient and those services rendered by the recipient's family or caregiver are not covered.</p> <p>13. Services which are covered by other insurance or entitlement program are not covered.</p>
b. Home health aide services	<p>1. Bi-weekly supervisory visits by a registered nurse in the recipient's home must be made, every second visit of which shall include observations of the delivery of services by the aide to the recipient.</p> <p>2. Services primarily for the purpose of housekeeping are not covered.</p> <p>3. Services rendered to recipients with chronic conditions when those recipients require only personal care services are not covered.</p>

TN No. 02-1
Supersedes
TN No. 88-11

DEC 04 2001

Approval Date _____

JUL 01 2001

Effective Date _____

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
(Continued)	4. Meals are not covered.
c. Medical supplies and equipment used during a covered home health visit.	1. Medical and other supplies which are used during a covered home health visit as part of the treatment ordered by the recipient's attending physician will be reimbursed at the Medicaid rate for the supply or pharmaceutical as established pursuant to COMARS 10.09.12 and 10.09.03.

TN No. 02-1
Supersedes
TN No. 88-11

Approval Date DEC 04 2001
Effective Date JUL 01 2001